

## FAMILY ASSESSMENT

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

\*\*\* to be completed by the evaluator

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| <p>1. Do you have a family support system ?</p> <p>2. Currently using any supports/resources in the community?</p> |
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| <p>2. What activities in the community would you and your family like to become involved in but you have found them to be challenging?</p> |
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| <p>3. Do you think you need more information about your child's development or disability?</p> |
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| <p>4. Do you need help in accessing child care or day care for your child?</p> |
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YES       NO

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| <p>5. Do you need help in accessing health care?</p> |
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YES       NO

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|---|
| <p>6. Would you like resources regarding parenting?</p> |
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YES       NO

Completed by \_\_\_\_\_ Date: \_\_\_\_\_

(Evaluator's signature and title)